

Case of Compound Fracture of the Skull, with Laceration and Loss of a Portion of Brain. Recovery. By D. J. McRAE, M. D., of Sumpter Dist., S. C.—Sharper, æt. 13, slave, good constitution, on June 25th, 1857, at 9 A. M., about nine hours previous to our seeing him had received, by the fall of a tree, a severe blow on the right side of the head, nearly parallel to the coronal suture, producing a lacerated wound of about one inch in length, through which blood and brain were oozing out. Enlarged the wound by incisions; found a compound fracture of the skull, about three inches in length, on the anterior portion of the right parietal bone, continuous with the coronal suture, one inch from the sagittal. A portion of the bone was broken in causing compression of the brain. Removed two pieces of bone, which were almost separated from their membranes, leaving a cavity in cranium three inches in length by one inch in the widest place, of an oblong triangular form. The membranes of the brain were torn about two inches in length; the brain was lacerated, and a considerable portion of it destroyed. The patient was entirely insensible; collapsed and showed symptoms of compression of the brain. Slow, laboured pulse. There was complete hemiplegia of the left side, convulsions, and contraction of the pupils.

His head was shaved, the wound closed by stitches and adhesive strips, free vent being allowed for any matter to escape, and cold applied; counter-irritation to feet and legs. Could not see the patient before two days; gave orders to keep the head cool by large wet cloths constantly applied, and to have the bowels freely opened with magnes. sulph.

July 28. Pulse 50, full; skin hot and dry; inclined to be comatose; insensibility and paralysis increased. Bled him to $\frac{3}{4}$ xiij, after which the pulse increased in frequency. Wound healing kindly.

29th. All the symptoms a little improved, and notices when spoken to. From this time he gradually improved. Cold wet cloths were continued to the head and wound until it entirely healed; a very light diet and simple cathartics to keep the bowels open freely were directed.

Aug. 20. He is entirely restored, with the exception of slight paralysis, which is gradually diminishing.

Confection of Cinchona as an Antiperiodic. By D. S. GLONINGER, M. D.—I would recommend to the profession the “confection of cinchona” (made of the Calisaya bark), as one of our most efficient antiperiodics, and greatly superior to the many alkaloids now in use in the treatment of intermittent fever. It sits well upon the stomach, does not produce the unpleasant cinchonism often complained of from sulph. quinia, &c., and comprises *all the powers* of the cinchona, gratefully disguised, and in such a concentrated form that the dose is *too small* even to be ungrateful to the most delicate stomach. I speak from personal experience, having laboured under intermittent at least during the space of a year, the disease relapsing every third week. The alkaloids were all employed, but with no satisfactory results towards a permanent eradication of the disease. I was induced by my friend, F. L. John, Pharmaceutist of this city, to use the confection, the formula of which has been kindly furnished by him, and which is appended to this article; and so beneficial did it prove that the writer has ever since used it as a substitute for all other antiperiodics, and with great satisfaction to himself and patients.

Its tonic properties will apply excellently to the convalescence from fevers, where heretofore we have used Huxham’s tinct., wine of wild cherry, &c., and with this in its favour, that there is so little danger from taking “too

much for the stomach's sake," so much to be deprecated in the indiscriminate use of all alcoholic tinctures.

I feel justified in saying, that if the confection receives a trial by the medical profession, and their experience corresponds with my own, that it will soon supersede all other antiperiodics now in use.

The following is the formula as furnished by F. L. John, Race St., viz:—

Confectio Cinchonæ.—Cort. cinchon. calis. pulv.; confect. sennæ, āā ʒj; ammon. murias ʒss; syr. cort. aurant. ʒij; m. f. confect. Dose, the size of a shellbark, three times a day.

Case of Monstrosity. By JNO. H. HUNTER, M. D., of Kanawha C. H., Va.—I send the following description of a "monster" which I assisted into the world a few days since. The mother had been suffering for three days previous to the time I was called with false pains. I found her much exhausted, and deeming it expedient to hasten the labour, immediately administered ergot. In three hours the head and shoulders were delivered—to my surprise the rest of the body was retained for an hour and a half longer; but upon seeing the infant, the cause of the detention was obvious.

Its head was small and cylindrical in shape; face well formed, with the exception of the nose, which was represented by a piece of integument of the size of my little finger-nail; abdomen very large, and filled with serum, amounting to at least two gallons, which exuded from it when the cord, which was very weak, and peeled off from its attachment to the abdomen, was ruptured; its legs were *behind*, on either side of the sacrum, and about half an inch apart. But I think the strangest thing about this "freak of nature" was the entire absence of any genital organs, unless two little prominences, about the size of a pin's head, were rudimentary testicles. There was a very small aperture, which I suppose was the anus; the cord was very frail, and ruptured at both ends, which caused much difficulty in delivering the placenta. The child had been dead about twenty-four hours; mother was about seventeen, and had been married two years. Primipara.

DOMESTIC SUMMARY.

Fracture of the Neck of the Femur; Bony Union.—Dr. GAY presented to the Buffalo Medical Association (Sept. 1, 1857) a beautiful specimen of fracture of the neck of the femur with complete bony union. Dr. G. stated that he was indebted to Dr. Bissel, of this city, for the specimen. The person from whom it was taken was a female, æt. 62 years, residing in this county, the mother of Dr. B——. The fracture occurred from a fall on the hip; Dr. G. was not positive, however, in regard to the nature of the fall. The limb was dressed, splints being applied; these were removed in a short time; and in a few months she regained the use of the limb. Previous to the accident, she had been labouring under an attack of tuberculosis pulmonalis; during the time she was being treated for the fracture, her health improved very much; but she died about four years after she had recovered the use of the limb, from consumption.

Prof. Hamilton remarked that the specimen was an interesting one; the capsule was present (although dry), which he had not often seen in the specimens of this fracture which he had examined. Though this might be a fracture within the capsule, as was supposed by Dr. Gay, yet it lacked the *positive evidence* of such a fracture. Prof. H. had never seen a specimen of fracture within the capsule, with bony union, which has entirely satisfied him. For several reasons, he is led to think that this specimen is not one of fracture within the capsule. First, a fall on the foot would have been much more likely to have